

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32679

FILED
Jan 22, 2007
Secretary of State

Entity Name: TIME OUT RESPITE CARE, INC.

Current Principal Place of Business:

24246 HARBOR VIEW RD
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

24246 HARBOR VIEW RD
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0155190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATSEL, MCKINLEY I
18401 MURDOCK CIR
PT CHATLOTTE, FL 33948 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZZONI, JOSEPH
Address: 22347 ADORN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: NARDI, ROBERT
Address: 1612 ATWATER
City-St-Zip: NORTH PORT, FL 43286

Title: TR () Delete
Name: MORRIS, MAUREEN
Address: 3206 ANTIQUA DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: TR () Delete
Name: HARTZELL, SHARON
Address: 23213 OCEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TR () Delete
Name: CALLIN, TEE
Address: 691 CHAMBER STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: ELLISON, MELISSA
Address: 27317 NEAPTIDE DR
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: HARTZELL, SHARON
Address: 23213 OCEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HARTZELL

ADM

01/22/2007

Electronic Signature of Signing Officer or Director

Date